Name in Full: Julia A Anderson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Forestville County: Prince George

Date of death 1910 Month: 3 Day: 16 Age Years: 73 Months: — Days: —

Sex: Female Color or Race: white Birthplace: Md.

Occupation: Housewife Where Residing if not at place of death: —

Married, ~~Single or Widowed~~: married Name of ~~Wife or~~ Husband: George W Anderson

Father's Name: Vernillion Father's Birthplace: Md.

Mother's Maiden Name: unknown Mother's Birthplace: unknown

Name of person giving Information: Robert L Anderson How related to deceased: Son.

79

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Cardiac Asthma How long: 2 yrs.

Immediate: Dropsy & Asthenia How long: 48 hrs.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E Bansburg

Address: Forestville, Md.

Accident or Suicide? neither.

1

Name in Full: John Henry Batson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Meadows — County: Prince George

Date of death: Month: 3 — Day: 20 — Years: 5 — Months: — — Days: —

Sex: male — Color or Race: Black — Birthplace: Md

Occupation: none — Where Residing if not at place of death:

~~Married~~, Single or ~~Widowed~~: Single — Name of Wife or Husband: —

Father's Name: Richard Batson — Father's Birthplace: Md

Mother's Maiden Name: Rosa Hawkins — Mother's Birthplace: Md.

Name of person giving In formation: Charles W Hawkins — How related to deceased: uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

107 V

Primary: Worms & continued fever — How long: 2 weeks

Immediate: asthenia — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E Gausburg

Address: Forestville, Md.

Accident or Suicide? neither

PHYSICIAN OR CORONER

Name in Full: Julia Brent

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Mitchellville | County: Prince George's

Date of death 1900 | Month: Mch. | Day: 12 | Years: Age 58 | Months: unknown | Days: Unknown

Sex: Female | Color or Race: Colored | Birth-place: Unknown

Occupation: Housewife | Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Married | Name ~~of Wife or~~ Husband: Moses Brent.

Father's Name: Thos. Hamilton | Father's Birthplace: Unknown

Mother's Maiden Name: Lukey (unknown) | Mother's Birthplace: Unknown

Name of person giving Information: Clarence Robinson | How related to deceased: not related

CAUSES OF DEATH

64 V

PHYSICIAN OR CORONER

Primary: Cerebral Hemorrhage | How long: Unknown

Immediate: Exhaustion | How long: unknown

Are the name, age, sex, color, date and place correctly given above? Yes. | Signature of Physician: J. F. R. Dufour

Address: Mitchellville, Md.

Accident or Suicide: (This party had no medical attention.

I

OFFICE SUPPLY CO. 8-20--08

Name in Full: John Bright Jr

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Bladensburg — County: Prince Geo

Date of death 19 40 — Month: Mar — Day: 31 — Age: Years 3 — Months 3 — Days

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: none — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: John W Bright — Father's Birthplace: D.C.

Mother's Maiden Name: Viola Mauch — Mother's Birthplace: D.C.

Name of person giving Information: John W Bright — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(30) ✓

Primary: Tuberculosis Meningitis — How long: 3 weeks

Immediate: Tuberculosis Meningitis — How long: 3 weeks

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Thos E Latimer

Address: Hyattsville Md.

Accident or Suicide

OFFICE SUPPLY CO. 2364

Name in Full: Sarah Ann Brown

CERTIFICATE OF DEATH

MARYLAND

Died at: Bellsville (Town) Prince George (County)

Date of death: 1940 Month: March Day: 30 Age: Years 87 Months — Days —

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: Lived with daughter

Where Residing ~~if not~~ at place of death:

~~Married, Single~~ or Widowed

Name of Wife or Husband: Sarah Ann Brown

Father's Name: John Miller

Father's Birthplace: Md

Mother's Maiden Name: Sarah Mlarck

Mother's Birthplace: Md

Name of person giving Information: Mrs Mullery

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Fell on the ice — How long: about 3 Months

Immediate: General debility + Weakness — How long: " 3 months

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Fox

Address: Bellsville Md

Accident or Suicide:

OFFICE SUPPLY CO., 2284

Name in Full: John T. Carter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel; County: Prince Geo.

Date of death: Month: Mch; Day: 15; 1940

Age: Years: 75; Months: —; Days: —

Sex: male

Color or Race: White

Birthplace: Maryland

Occupation: Farmer

Where Residing if not at place of death: Greensboro, Md.

Married, Single or Widowed: Widowed

Name ~~of Wife~~ or Husband: Mrs. M. E. Carter.

Father's Name: Henry Carter

Father's Birthplace: Unknown

Mother's Maiden Name: Unknown

Mother's Birthplace: Unknown

Name of person giving Information: John T. Carter

How related ~~to deceased~~: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

81 V

Primary: Arteriosclerosis — How long: Unknown

Immediate: Exhaustion & Heart failure — How long: Unknown

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Amelia Dettwiler

Address: Laurel Md.

Accident or Suicide: No

PHYSICIAN OR CORONER

I

OFFICE SUPPLY CO., 2284

Name in Full: Alexander Carver

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Forestville, (County) Prince George

Date of death: Month 3, Day 28, 1910

Age: Years 74, Months 7, Days

Sex: Male

Color or Race: White

Birthplace: Va.

Occupation: Gardener

Where Residing if not at place of death: —

Married, Single or ~~Widowed~~: married

Name of Wife or ~~Husband~~: Hesbi Carver

Father's Name: Unknown

Father's Birthplace: Va

Mother's Maiden Name: Unknown

Mother's Birthplace: Va

Name of person giving information: Ernest Carver

How related to deceased: Son

(185)

CAUSES OF DEATH

Primary: Concussion of the brain — How long: 3 days

Immediate: Exhaustion — How long: 24 hrs.

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: John E. Gansburg

Address: Forestville Md

Accident ~~or Suicide?~~: accident

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: Beatrice Clark

CERTIFICATE OF DEATH

MARYLAND

Died at (Town): Upper Marlboro (County): P. G.

Date of death 1900 — Month: 3 — Day: 6 — Age: Years: 13 — Months: — Days: —

Sex: Female — Color or Race: Black — Birthplace: P. G. Co. Md

Occupation: none — Where Residing if not at place of death: —

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: James Clark — Father's Birthplace: P. G. Co Md

Mother's Maiden Name: Mary Hoe — Mother's Birthplace: P. G. Co. Md

Name of person giving Information: James Clark — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

179

Primary: Don't Know — How long: —

Immediate: Don't Know — How long: —

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R Enos V Smith

Address: Sub. Registrar Upper Marlboro Md

Accident or Suicide: —

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: John R. Blendinen.

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Riverdale. County: Prince Geo Co.

Date of death 1900: Month: March. Day: 28th. Age: Years: 62. Months: Ho. Days:

Sex: Male. Color or Race: White. Birthplace: Balto. Md.

Occupation: Lawyer. Where Residing if not at place of death:

Married, Single or Widowed: Married. Name of Wife or Husband: Mary H. Blendinen

Father's Name: Dr. Alexandra Blendinen. Father's Birthplace: S.C.

Mother's Maiden Name: Mrs Mone Belt. Mother's Birthplace: S.C.

Name of person giving Information: Mary H. Blendinen. How related to deceased: Wife.

TO BE ANSWERED BY NEAREST FRIEND

78

CAUSES OF DEATH

Primary: Endocarditis. How long: 3 weeks

Immediate: " How long: " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. T. Willis.

Address: Hyattsville. Md.

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 11-23-08

Name in Full Mary Jane Calbert

CERTIFICATE OF DEATH

MARYLAND

Died at Baltimore (Town) P. G. (County)

Date of death 1900 Month: Mch Day: 17 **Age** Years: 5-5 Months: — Days: —

Sex: Female Color or Race: Colored Birthplace: P. G. Co. Md.

Occupation: Housewife Where Residing if not at place of death: —

Married, Single or Widowed: Married Name of Wife or Husband: James H. Calbert

Father's Name: Moses Belden Father's Birthplace: P. G. Co. Md.

Mother's Maiden Name: Mary Compton Mother's Birthplace: —

Name of person giving Information: Moses Calbert How related to deceased: Son

10

CAUSES OF DEATH

Primary: Grippe Complicated with Lobar Pneumonia How long? Two weeks

Immediate: Dyspnea How long: Several days

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. M. Dorsell M.D.

Address: Springfield Md.

Accident or Suicide

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: Lula Virginia Cornick

CERTIFICATE OF DEATH

MARYLAND

Died at: Aquasco (Town) Pr. Geo (County)

Date of death 1900: Month Mch, Day 20

Age: Years 36, Months 4, Days 2

Sex: Female

Color or Race: White

Birthplace: Md

Occupation: Housewife

Where Residing if not at place of death: —

Married, Single or Widowed: Married

Name of ~~Wife or~~ Husband: R. M. Cornick

Father's Name: George Hyde

Father's Birthplace: Md

Mother's Maiden Name: Elizabeth Cooke

Mother's Birthplace: Md

Name of person giving Information: R. M. Cornick

How related to deceased: Husband

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Pneumonia — How long: 9 days

Immediate: Oedema — How long: One week 10 hours.

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: H Morton Brown

Address: Aquasco Md

Accident or Suicide: No

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 2284

Name in Full: Jennett Daley

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brentwood — County: Prince Geo

Date of death 1900 — Month: Mar — Day: 18 — Age: Years: 1 — Months: — — Days: 12

Sex: Female — Color or Race: Colored — Birthplace: Md

Occupation: — — Where Residing if not at place of death: —

Married, Single or ~~Widowed~~: — — Name of Wife or Husband: —

Father's Name: Charles Daley — Father's Birthplace: Md

Mother's Maiden Name: Fannie Stephenson — Mother's Birthplace: Va

Name of person giving Information: Charles Daley — How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

10

Primary: Grippe — How long: 2 wks

Immediate: Pneumonia — How long: 1 wks

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. T. Willis

Address: Hyattsville Md.

Accident or Suicide:

PHYSICIAN OR CORONER

OFFICE SUPPLY CO., 11-15-08

Name in Full: Margaret Hunt

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Hyattsville Md	County: Pr Georges	
Date of death 190	Month: May	Day: 31	Age: Years 2 / Months / Days
Sex: Female	Color or Race: Black	Birthplace: Hyattsville Md	
Occupation: none	Where Residing if not at place of death:		
Married, Single or Widowed: Single	Name of Wife or Husband:		
Father's Name: Henry Hunt		Father's Birthplace: Georgetown Md	
Mother's Maiden Name: Frank Williams		Mother's Birthplace: Pr Georges Md	
Name of person giving information: Henry Hunt		How related to deceased: father	

93

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia	How long: 1 week
Immediate: "	How long: "
Are the name, age, sex, color, date and place correctly given above? yes	Signature of Physician: H. G. Willis
	Address: Hyattsville. Md.
Accident or Suicide? no	

Name in Full: Laurence P. Duckett

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Z.B. — County: Pr Geo

Date of death 1900 — Month: 3 — Day: 11

Age — Years: — Months: 9 — Days:

Sex: Male

Color or Race: Colored

Birth-place: Md.

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: Single

Name of Wife or Husband:

Father's Name: Ernest Duckett

Father's Birthplace: Md.

Mother's Maiden Name: Frances Pinkney

Mother's Birthplace: Md.

Name of person giving Information: Ernest Duckett

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

61

Primary: Spinal Meningitis — How long: one week

Immediate: Exhaustion — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: John A. Cox

Address: Z.B. Md

Accident or Suicide:

PHYSICIAN OR CORONER

Name in Full: Fitcher

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Laurel; County: P Geo

Date of death 190: Month: mch; Day: 31; Years: —; Months: —; Days: —

Age: —

Sex: Female

Color or Race: White

Birth-place:

Occupation:

Where Residing if not at place of death:

Married, Single or Widowed:

Name of Wife or Husband:

Father's Name: John Curtis Fitcher

Father's Birthplace: N C

Mother's Maiden Name: Susan Zeigler

Mother's Birthplace: Md

Name of person giving Information: John Fitcher

How related to deceased: father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

8

Primary: Still Birth

How long: —

Immediate: —

How long: —

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: [illegible]

Address: Laurel Md

Accident or Suicide:

Name in Full John W. Fowler

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Oxon Hill — County: Pr Geo

Date of death 1918 — Month: 3 — Day: 25

Age — Years: 39 — Months: — — Days: —

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Farmer — Where Residing if not at place of death: —

Married, ~~Single or Widowed~~ — Name of Wife or Husband: Mary E. Fowler

Father's Name: John W. Fowler — Father's Birthplace: Md.

Mother's Maiden Name: Mary E. Taylor — Mother's Birthplace: "

Name of person giving Information: Mary E Fowler — How related to deceased: wife

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Pulmonary Tuberculosis — How long: 3 yrs +

Immediate: Exhaustion — How long: Gradual

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. P. Simpson MD

Address: Long Heights

Accident or Suicide

B. D. No 5

OFFICE SUPPLY CO. 2364

Name in Full: Mary Magaline Franklin.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at — Town: Riverdale — County: Prince Georges

Date of death 1900 — Month: March — Day: 16 — Years: 11 — Months: 11 — Days: 20

Sex: Female — Color or Race: Negro — Birthplace: Bellsville. Md.

Occupation: Child — Where Residing if not at place of death:

Married, Single or Widowed: Single — Name of Wife or Husband:

Father's Name: Philip Franklin — Father's Birthplace: Maryland

Mother's Maiden Name: Adaline Hall Franklin — Mother's Birthplace: Maryland.

Name of person giving information: Philip Franklin — How related to deceased: Father

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Tuberculosis (General) — How long: Since birth.

Immediate: Exhaustion. (Starvation) — How long: See note on other side.

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Robert B. J. Buckland M.D.

Address: Hyattsville. Md.

Accident or Suicide?

This case was in my hands in July 1909 and by me ordered to Hospital for treatment. She was taken to Freedmens Hospital Washington D.C., returned home March 15th 1910 and died the next day. Mar 16 etc.

R. B. J.

Name in Full: Thomas B Gibbons

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Nottingham — County: Pr Go

Date of death 1910 — Month: Mch — Day: 22 — Years: Age 81 — Months — Days

Sex: Male — Color or Race: White — Birthplace: Md.

Occupation: Farming — Where Residing if not at place of death:

Married, Single or Widowed: Widowed — Name of Wife or Husband:

Father's Name: Daniel Gibbons — Father's Birthplace: Md

Mother's Maiden Name: Mary Ann Watson — Mother's Birthplace: Md.

Name of person giving Information: Mrs Sallie Greer — How related to deceased: Sister.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Tuberculosis — How long: 1 year

Immediate: Asthenia — How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: W. H. Gibbons

Address: Croom Md

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 5-20--08

Name in Full: William Alfred Gray.

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Piney Pith. — County: Prince Georges

Date of death 1900 — Month: 3 — Day: 28 — Age: Years — Months — Days: 4 hours

Sex: male — Color or Race: Colored — Birthplace: Md.

Occupation — Where Residing if not at place of death

Married, Single or Widowed — Name of Wife or Husband

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: William J. Gray. — Father's Birthplace: Md.

Mother's Maiden Name: Maggie E. Hawkins, — Mother's Birthplace: Md.

Name of person giving In formation: William J. Gray, — How related to deceased: father

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CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Congenital Debility, A sick from birth, took no nourishment, — How long: 4 hours

Immediate: Cough, followed by Exhaustion, — How long: 1 hour.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of ~~Physician~~ Acting Coroner William H. Squires J. P.

Address: Brandywine. Md.

Accident or Suicide?

Name in Full: George Harper.

CERTIFICATE OF DEATH

Town: Piney Pith | County: Prince Georges | MARYLAND

Died at

Date of death: 1900 | Month: 3 | Day: 22nd | Years: 105 | Months: — | Days: —

Age

Sex: Male | Color or Race: Colored | Birthplace: Md

Occupation: laborer | Where Residing if not at place of death:

Married, Single or Widowed: Widowed | Name of Wife or Husband: Nellie Harper

Father's Name: not known. | Father's Birthplace: not known

Mother's Maiden Name: not known. | Mother's Birthplace: not known.

Name of person giving Information: John R. Johnson. | How related to deceased: friend.

154

CAUSES OF DEATH

Primary: confined to bed. Senility. | How long: nearly one year

Immediate: Exhaustion. | How long: 24 hours.

Are the name, age, sex, color, date and place correctly given above? — Yes

Signature of ~~Physician~~ acting Coroner, William H. Squires J.P.

Address: Brandywine, Md

Accident or Suicide? —

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: Annie Irene Hawkins

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Meadows — County: Prince George

Date of death	Month	Day	Age	Years	Months	Days
1910	3	1		2	10	—

Sex: Female — Color or Race: Black — Birthplace: Md.

Occupation: none — Where Residing if not at place of death: —

~~Married~~, Single or ~~Widowed~~: Single — Name of Wife or Husband: —

Father's Name: John Hawkins — Father's Birthplace: Md

Mother's Maiden Name: Rosie Emma Fleet — Mother's Birthplace: Md.

Name of person giving information: Charles W Hawkins — How related to deceased: Brother

PHYSICIAN OR CORONER

CAUSES OF DEATH

Primary: Cold & Grippe — How long: 10 days

Immediate: Bowel obstruction — How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E Sansbury

Address: Gonstville Md

~~Accident or Suicide?~~ neither

Name in Full Thos. J. Henry

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Glendale — County: P. G.

Date of death 1900 — Month: Feb — Day: 9

Age — Years: — Months: 6 — Days: —

Sex: Male — Color or Race: Black — Birthplace: Glendale

Occupation: None — Where Residing if not at place of death: —

Married, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: John Henry — Father's Birthplace: P. G. Co. Md.

Mother's Maiden Name: Ida Fletcher — Mother's Birthplace: P. G. Co. Md.

Name of person giving Information: John Henry — How related to deceased: Father

CAUSES OF DEATH

Primary: Cerebrospinal Meningitis — How long: 9½ d

Immediate: Dysentery — How long: One day

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. M. Worrell M.D.

Address: Springfield Md.

Accident or Suicide: —

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

Name in Full: Henry Henson

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Croom Sta. County: Pr Geo

Date of death 1910 Month: Mch Day: 18 Years: Age 50 Months: Days:

Sex: Male Color or Race: Colored Birthplace: Md

Occupation: Farming Where Residing if not at place of death:

Married, Single or Widowed: Widowed Name of Wife or Husband: Mary Henson

Father's Name: Thomas Henson Father's Birthplace: Md

Mother's Maiden Name: Lucrecia Blacklock Mother's Birthplace: Md

Name of person giving Information: John Henson How related to deceased: Son

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH (1)

Primary: Typhoid fever How long: 10 days

Immediate: Hemorrhage How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Wheeler

Address: Croom Md

PHYSICIAN OR CORONER

~~Accident or Suicide~~

OFFICE SUPPLY CO. 5-20--09

Name in Full: Nelson Henson

CERTIFICATE OF DEATH

MARYLAND

Died at: Croom (Town) Pr Geo (County)

Date of death: 1910 Month: Mch Day: 23

Age: Years 4 Months Days

Sex: Male Color or Race: Colored Birthplace: Md

Occupation: None Where Residing if not at place of death

Married, Single or Widowed: Single Name of Wife or Husband

Father's Name: Richard Henson Father's Birthplace: Md

Mother's Maiden Name: Ida Henson Mother's Birthplace: Md

Name of person giving information: Ida Henson How related to deceased: mother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(1) V

Primary: Typhoid fever How long: 3 weeks

Immediate: Asthenia How long:

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. H. Gibbons

Address: Croom Md

Accident or Suicide?

Name in Full: Robt Bruce Henson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Croom (Town) Pr Geo (County)

Date of death: 1910 Month: March Day: 25 Age: Years: 11 Months: Days:

Sex: Male Color or Race: Colored Birthplace: Md

Occupation: School boy Where Residing if not at place of death:

Married, Single or Widowed: Single Name of Wife or Husband:

Father's Name: Henry Henson Father's Birthplace: Md

Mother's Maiden Name: Mary Hall Mother's Birthplace: Md.

Name of person giving information: Ida Henson How related to deceased: Sister

CAUSES OF DEATH

(1)

PHYSICIAN OR CORONER

Primary: Typhoid fever How long: 2 months

Immediate: Asthenia How long:

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. H. Gibbons

Address: Croom Md

Accident or Suicide?

Name in Full: Jeremiah Johnson

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town): Rudledtown — County: Prince George

Date of death 1910: Month: March — Day: 5 — Years: 32 — Months: — — Days: 10

Sex: male — Color or Race: Colored — Birthplace: Anarundle Co Md.

Occupation: Teamster — Where Residing if not at place of death: —

Married, Single or Widowed: married — Name of Wife ~~or Husband~~: Ida S. Johnson

Father's Name: Otho Johnson — Father's Birthplace:

Mother's Maiden Name: Bettie Fowler — Mother's Birthplace:

Name of person giving Information: Otho Johnson — How related to deceased: Father

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Pneumonia — How long: 6 days

Immediate: Exhaustion — How long: Sudden

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: J. C. Ohlendorf M.D.

Address: Brentwood. Md.

Accident or Suicide:

OFFICE SUPPLY CO., 11-15-08

Name in Full: Rachel Johnson

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Died at: Seat Pleasant (Town) Prince George (County) MARYLAND

Date of death 190 March (Month) 4 (Day) Age 90 (Years) ___ (Months) ___ (Days)

Sex: Female

Color or Race: Colored

Birthplace: Md.

Occupation: Midwife

Where Residing if not at place of death: ___

Married, Single or Widowed: Widow

Name of Wife or Husband: Rose Johnson

Father's Name: Joe Brown & unobtainable

Father's Birthplace: Md.

Mother's Maiden Name: Joe Brown

Mother's Birthplace: Md.

Name of person giving Information: Henry Queen

How related to deceased: Grandson

CAUSES OF DEATH

66 U

PHYSICIAN OR CORONER

Primary: Paralysis

How long: 1 week

Immediate: Exhaustion

How long: 2 days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Jones

Address: Beaverwood Heights Md

Accident or Suicide: ___

OFFICE SUPPLY CO. 2364

Bennings
John Stewart

Name in Full: Julia Johnson Jones

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at: Town: Muirkirk — County: Pr. Geo.

Date of death 1910: Month: 3 — Day: 21 — Age: Years: 45 — Months — Days

Sex: Female — Color or Race: Colored — Birthplace: Pr. Geo. Co

Occupation: Housewife — Where Residing if not at place of death: Muirkirk

Married, Single or Widowed: Widow — Name of Wife or Husband: James Jones

Father's Name: Bowser Johnson — Father's Birthplace: Mont. Co

Mother's Maiden Name: Anne Johnson — Mother's Birthplace: Pr. Geo. Co.

Name of person giving Information: Louis A. Jones — How related to deceased: Son

CAUSES OF DEATH

27

PHYSICIAN OR CORONER

Primary: Tuberculosis — How long: 1 Year

Immediate: General Debility — How long: 2 months

Are the name, age, sex, color, date and place correctly given above? yes.

Signature of Physician: J. R. Smith

Address: Laurel Md

Accident or Suicide

OFFICE SUPPLY CO., 2284

Name in Full ~~Brentwood~~ Mrs. Martha V. Keenan

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Diad at Town: Brentwood County: Prince Georges

Date of death 1960 Month: March Day: 29 Years: Age 78 Months: 7 Days: 8

Sex: female Color of Raca: White Birth-place: Virginia

Occupation: None Where Residing if not at place of death:

Marriad, Single or Widowed: Widow Name of ~~Wife or~~ Husband: John F. Keenan Sr.

Father's Nama: David S. Jones Father's Birthplace: Wales

Mother's Maiden Nama: Hannah Yost Mothar's Birthplace: Penn

Nama of person giving Information: John F. Keenan M.D. How related to ~~deceased~~: Her son

154

CAUSES OF DEATH

PHYSICIAN OR CORONER

Primary: Morbus senectus How long:

Immediata: Senile exhaustion How long:

Are tha name, age, aex, color, date and placa correctly given above? Yes Signature of Physician: John F. Keenan M.D.

Address: Brentwood Md.

Accident or Suicide

OFFICE SUPPLY CO., 11-15-98

Name in Full: Chris Leodore

CERTIFICATE OF DEATH

MARYLAND

~~Place~~ Town: Remove from Jacobs Farm Burial Ground — County: Prince Georges

Date of death 1900	Month: March	Day: 16	Years: 17	Months: 7	Days:

TO BE ANSWERED BY NEAREST FRIEND

Sex: Male — Color or Race: White — Birthplace: Germany

Occupation: Laborer — Where Residing if not at place of death: ~~Near~~ Patuxent Md

Merried, Single or Widowed: Single — Name of Wife or Husband: —

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: — " — Mother's Birthplace: — "

Name of person giving Information: Martin Fladung — How related to deceased: None

(172)

CAUSES OF DEATH

PHYSICIAN OR CORONER

~~Primary~~ Crushed by fallen tree — How long

Immediate — — Permit issued for the re- — How long

Are the name, age, sex, color, date and place correctly given above? — Signature of Physician: removal of Body from one Cemetary to another

Address: Nelson A. Ryon M.D.

Accident or Suicide

OFFICE SUPPLY CO., 11-15-08

Name in Full Calmet-Locke

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at Town: Friendly County: Pr. Geo.

Date of death 1900 Month: 3 Day: 12 **Age** Years: 65 Months: — Days: —

Sex: Male Color or Race: White Birthplace: Md.

Occupation: Farmer Where Residing if not at place of death: —

~~Married~~, Single or Widowed Name of Wife or Husband: —

Father's Name: Henley Locke Father's Birthplace: Md.

Mother's Maiden Name: Rachel Bryan Mother's Birthplace: [illegible]

Name of person giving Information: Wm Taylor How related to deceased: Undertaker

CAUSES OF DEATH

120 ✓

PHYSICIAN OR CORONER

Primary: Bright's Disease How long: 2 yrs +

Immediate: Cardiac weakness

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: E. P. Simpson

Address: Cont. Hgts

Accident or Suicide

REF NO 5

OFFICE SUPPLY CO. 2364

Name in Full Charles Marbury Mangum

CERTIFICATE OF DEATH

MARYLAND

Died at (Town) Maryland Park (County) Prince Georges

Date of death 1900 Month: Mch Day: 20

Age Years: — Months: 9 Days: —

Sex: male

Color or Race: white

Birthplace: Md.

Occupation: infant

Where Residing if not at place of death: —

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Charles Marbury Mangum

Father's Birthplace: Wash. D.C.

Mother's Maiden Name: Olive May Hill

Mother's Birthplace: Ohio

Name of person giving Information: C. M. Mangum

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH 93

PHYSICIAN OR CORONER

Primary: pneumonia — How long: 3 weeks

Immediate: asthenia — How long: 12 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: Z M Brady

Address: Kensington, D.C.

Accident or Suicide: —

Name in Full: Margaret Haines Middleton

CERTIFICATE OF DEATH

TO BE ANSWERED BY NEAREST FRIEND

Diad at (Town): Hyattsville, (County): Prince Georges — MARYLAND

Date of death: 1910 Month: March Day: 18 Age: Years: 70 Months: 3 Days: —

Sex: Female Color or Race: White Birthplace: Louisville, Ky.

Occupation: — Where Residing if not at place of death: —

Merriad, Single or Widowed: Widow Name of ~~Wife or~~ Husband: Colonel Johnson VanDyke Middleton

Father's Neme: William Mills Thompson Father's Birthplace: Virginia

Mother's Maiden Name: Mary Josephine ~~Thompson~~ Barker Mother's Birthplace: Baltimore, Md

Name of person giving Information: William M. Thompson How related to deceased: Brother.

CAUSES OF DEATH

66

PHYSICIAN OR CORONER

Primary: Paralysis How long: 9 months

Immediate: " " How long: " "

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: H. T. Willis.

Address: Hyattsville. Md

Accident or Suicide:

Name in Full: Susanna Elizabeth Ellen Morris

CERTIFICATE OF DEATH

MARYLAND

Died at: Largo (Town) Q. C. Co. (County)

Date of death 1910: Month: March; Day: 18; Age: Years 78; Months —; Days —

Sex: Female; Color or Race: White; Birthplace: Md.

Occupation: Housewife; Where Residing if not at place of death: —

Married, Single or Widowed: Widow; Name of Wife or Husband: Unknown.

Father's Name: Unknown; Father's Birthplace: Unknown

Mother's Maiden Name: Unknown; Mother's Birthplace: Unknown.

Name of person giving Information: George W. Brady; How related to deceased: None.

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(154)

Primary: Old age; How long: 1 wk.

Immediate: ; How long:

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: John E. Sansbury.

Address: Forestville Md.

Accident or Suicide? neither.

PHYSICIAN OR CORONER

I

E. York

Brick church

Name in Full: James Tickens

CERTIFICATE OF DEATH

Died at — Town: Fairmont Hgts — County: Prince George — MARYLAND

Date of death 19[illegible] — Month: March — Day: 20 — Age: Years: 70 — Months: — Days: —

Sex: Male — Color or Race: Colored — Birthplace: Va.

Occupation: Coachman — Where Residing if not at place of death: —

Married, Single or Widowed: Widower — Name of Wife or ~~Husband~~: Jennie Tickens

Father's Name: Unknown — Father's Birthplace: Unknown

Mother's Maiden Name: Unknown — Mother's Birthplace: Unknown

Name of person giving Informstion: Robert J. Pollard — How related to deceased: Son in law

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

62

Primary: Locomotor Ataxia — How long: 8 years

Immediate: Paralysis — How long: 4 weeks (14) days

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: W. W. Jones M.D.

Address: Seagrove Heights

Accident or Suicide: —

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Emily Gertrude Reintzel

CERTIFICATE OF DEATH

MARYLAND

Died at — Town: Brentwood — County: Prince George

Date of death 1940 — Month: March — Day: 25th — Age: Years — Months: 2 — Days: 14

Sex: Female — Color or Race: White — Birthplace: Brentwood Md

Occupation: Infant — Where Residing if not at place of death: —

~~Married~~, Single or Widowed — Name of Wife or Husband: —

TO BE ANSWERED BY NEAREST FRIEND

Father's Name: Charles H. F. Reintzel — Father's Birthplace: Dist. Col.

Mother's Maiden Name: Annie E. Collins — Mother's Birthplace: Dist. Col.

Name of person giving Information: Charles H. F. Reintzel — How related to deceased: Father

CAUSES OF DEATH

146

PHYSICIAN OR CORONER

Primary: Necrosis of femur — How long: Nearly Six Weeks

Immediate: Exhaustion — How long: 24 hours

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: C W Birdsall M.D.

Address: Hyattsville Md.

Accident or Suicide?

Name in Full: Charles Ridgway

CERTIFICATE OF DEATH

Died at Town: Forestville County: Prince George MARYLAND

Date of death 1910 Month: 3 Day: 22 Years: 37 Months: ' Days: '

Sex: Male Color or Race: White Birthplace:

Occupation: none Where Residing if not at place of death:

Married, ~~Single~~ or ~~Widowed~~: Married Name of Wife or ~~Husband~~: Alice Ridgeway

Father's Name: John Ridgeway Father's Birthplace: Md.

Mother's Maiden Name: Alice R. Thompson Mother's Birthplace: Md.

Name of person giving Information: Albert Ridgeway How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(3)

Primary: Tuberculosis of the bones How long: 7 yrs.

Immediate: Asthenia How long: 3 days

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: John E. Gansday

Address: Forestville Md

Accident or Suicide? neither

PHYSICIAN OR CORONER

Name in Full: not named Roberson

CERTIFICATE OF DEATH

Died at: Town: Brentwood; County: Prince George; MARYLAND

Date of death 1910: Month: March; Day: 2nd

Age: Years: ; Months: ; Days: one

Sex: Female

Color or Race: Colored

Birthplace: Md

Occupation: None

Where Residing if not at place of death:

Married, Single or Widowed: —

Name of Wife or Husband: —

Father's Name: Geo F Roberson

Father's Birthplace: Md

Mother's Maiden Name: Carrie Garner

Mother's Birthplace: Md

Name of person giving Information: Geo F Roberson

How related to deceased: Father

CAUSES OF DEATH

189

Primary: Natural Causes

How long:

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician: Augustus H Dehler

Address: Acting Coroner Bladensburg Md

Accident or Suicide: —

TO BE ANSWERED BY NEAREST FRIEND

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full: Roland Ridy

CERTIFICATE OF DEATH

MARYLAND

Died at: Bruce (Town) — Prince George (County)

Date of death: 1940 Month: March Day: 14

Age: Years: — Months: 20 Days: —

Sex: Male

Color or Race: White

Birthplace: Bruce

Occupation: Infant

Where Residing if not at place of death: "

~~Married~~, Single or Widowed:

Name of Wife or Husband: Maude Parker Ridy

Father's Name: Marcellus Ridy

Father's Birthplace: Md

Mother's Maiden Name: Maud Parker

Mother's Birthplace: Md

Name of person giving information: Marcellus Ridy

How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

104

Primary: Cholera Infantum — How long: about 2 weeks

Immediate: Inflammation Brain — How long: " 6 hours

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: C. A. Fox

Address: Bruce Md

Accident or Suicide

OFFICE SUPPLY CO., 2284

Name in Full: Miss Jerahice Ross. Prince George

CERTIFICATE OF DEATH

MARYLAND

Died at Town: Hyattsville County: Prince George

Date of death 1900 Month: Mch Day: 13 Age Years: 4 Months: 10 Days: 27

Sex: Female Color or Race: Negro Birthplace: Lakeland Md.

Occupation: None Where Residing if not at place of death:

Married, Single or Widowed: — Name of Wife or Husband: —

Father's Name: Peter Ross Father's Birthplace: Bowie Md.

Mother's Maiden Name: Alberta Cromwell Mother's Birthplace: Bowie Md.

Name of person giving Information: Father Peter Ross How related to deceased: Father

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

27

Primary: Pulmonary tuberculosis How long: 4½ months

Immediate: Hemorrhage How long: few minutes

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: R. W. Coughlin M.D.

Address: Hyattsville P.G.C. Md.

Accident or Suicide

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

Name in Full Lester Shipley. ~~McCauley~~

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at	Town: Samuel	County: Prince Geo.	
Date of death 1900	Month: Nov	Day: 24	Age: Years 2 / Months 11 / Days 13
Sex: Male	Color or Race: white	Birth-place: Md	
Occupation: none	Where Residing if not at place of death: Same		
Married, Single or Widowed	Name of Wife or Husband: —		
Father's Name: Geo. W. McCauley Jr		Father's Birthplace: Va	
Mother's Maiden Name: Nettie McCauley		Mother's Birthplace: Md	
Name of person giving Information: Geo W. McCauley Jr		How related to deceased: S.	

CAUSES OF DEATH

89

Primary: Pneumonia — How long: 2 days.

Immediate: Croup — How long: ~~2 days~~

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr. R. C. Horsey

Address: Samuel Md

Accident or Suicide: No

24/66

Name in Full Elizabeth Spencer

CERTIFICATE OF DEATH

MARYLAND

Died at Town Meadows County P.G.

Date of death 1910 Month Mch Day 20 Years Age 1 Months Days

Sex Female Color or Race Black Birth-place Meadows

Occupation — Where Residing if not at place of death —

Married, Single or Widowed — Name of Wife or Husband —

Father's Name Unknown Father's Birthplace

Mother's Maiden Name Carrie Spencer Mother's Birthplace Pr. Geo. Co. Md.

Name of person giving Information William How related to deceased Uncle

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary Unknown How long 189

Immediate How long

PHYSICIAN OR CORONER

Are the name, age, sex, color, date and place correctly given above?

Signature of Physician S. E. Griffith

Address Marlboro

Accident or Suicide No

OFFICE SUPPLY CO. 11-18-08

Name in Full: Thomas J. Stone

CERTIFICATE OF DEATH

MARYLAND

Died at: Roscroft (Town) Frederick (County)

Date of death 1900: Month 3, Day 13

Age: Years 57, Months —, Days —

Sex: Male

Color or Race: White

Birthplace: Md.

Occupation: Farmer

Where Residing if not at place of death: —

Married, ~~Single~~ or ~~Widowed~~

Name of Wife or Husband: Mary A Stone

Father's Name: Walter H. Stone

Father's Birthplace: Md.

Mother's Maiden Name: Elizabeth H. Robey

Mother's Birthplace: "

Name of person giving Information: Walter Stone

How related to deceased: Brother

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

10

Primary: La Grippe — How long: 2 weeks

Immediate: Hyperpyrexia — How long: 2 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: E. P. Simpson M.D.

Address: Roscroft Md.

PHYSICIAN OR CORONER

Accident or Suicide

OFFICE SUPPLY CO. 2364

Name in Full: Emma. Sullivan

CERTIFICATE OF DEATH

MARYLAND

Died at: Laurel (Town) A. Qu (County)

Date of death 1900: Month: Mch; Day: 7

Age: Years: 35; Months: "; Days: "

Sex: Female

Color or Race: Black

Birthplace: Md

Occupation: Home Wife

Where Residing if not at place of death: Laurel

Married, ~~Single~~ or Widowed: yes

Name of Wife or Husband:

Father's Name: Nickolas Hawkings

Father's Birthplace: Md

Mother's Maiden Name: Unknown

Mother's Birthplace: "

Name of person giving Information: Ethel Sullivan

How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

Primary: Lobar Pneumonia — How long: 93 / 1 week

Immediate: Heart failure — How long: —

Are the name, age, sex, color, date and place correctly given above? yes

Signature of Physician: W. F. Taylor

Address: Laurel Md

PHYSICIAN OR CORONER

Accident or Suicide

OFFICE SUPPLY CO., 2284

Name in Full: George Wallett

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Bowie; County: P. George

Date of death 1900: Month: Jnely; Day: 8; Age: Years: 81; Months: 6; Days: 28

Sex: Male; Color or Race: White; Birthplace: Baltimore Md

Occupation: Farmer; Where Residing if not at place of death: —

Married, Single or Widowed: Widower; Name of Wife or ~~Husband~~: Ellen V Harris

Father's Name: George Wollett; Father's Birthplace: Hanover Germany

Mother's Maiden Name: Mary Lewis; Mother's Birthplace: Balto Md

Name of person giving Information: Mary L. Wallet; How related to deceased: Daughter

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

(57)

Primary: Infirmities of old age; How long: 24 hours

Immediate: Heart failure; How long: 6 hours

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: James H. Truitt

Address: Bowie Md

Accident or Suicide: No

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 2364

0-70-10-16

Name in Full: Charles H. Walter

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: Hyattsville; County: Prince George

Date of death: Month: Mar; Day: 2; Year: 1900; Age: 61; Months: —; Days: —

Sex: Male; Color or Race: White; Birthplace: Pa.

Occupation: Engraver; Where Residing if not at place of death: ✓

Married, Single or Widowed: Married; Name of Wife or Husband: Louis H. Butler Walter

Father's Name: Jno. S. Walter; Father's Birthplace: Pa.

Mother's Maiden Name: Unknown; Mother's Birthplace: Unknown

Name of person giving Information: Wife; How related to deceased: —

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

93

Primary: Pneumonia; How long: 9 days

Immediate: Cardiac failure; How long: 2 hrs

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Isaac W. Palmer M.D.

Address: Hyattsville Md

Accident or Suicide: Neither

PHYSICIAN OR CORONER

OFFICE SUPPLY CO. 8-20--08

Name in Full: Frank Washington

CERTIFICATE OF DEATH

MARYLAND

Died at: Town: T.B. County: Pr. Ge

Date of death 1910: Month: 3 Day: 1 Years: Months: Days:

Age: 75

Sex: Male Color or Race: Colored Birth-place: Md

Occupation: Laborer Where Residing if not at place of death:

Married, Single or Widowed: Widower Name of Wife or Husband: Marion Washington

Father's Name: Not Known Father's Birthplace: Not Known

Mother's Maiden Name: Not Known Mother's Birthplace: Not Known

Name of person giving Information: John D Yates How related to deceased: None

TO BE ANSWERED BY NEAREST FRIEND

CAUSES OF DEATH

92 ✓

PHYSICIAN OR CORONER

Primary: Pneumonia How long: 3 days

Immediate: Edema of lung How long: 12 hours

Are the name, age, sex, color, data and place correctly given above? Yes Signature of Physician: John A. Cox

Address: T.B. Md

Accident or Suicide:

OFFICE SUPPLY CO., 2284

Name in Full: Catherine Wesley.

CERTIFICATE OF DEATH

MARYLAND

TO BE ANSWERED BY NEAREST FRIEND

Died at (Town) Capitol Heights (County) Prince George

Date of death 1900 Month: Mar. Day: 8 Age: — Years — Months 2 Days

Sex: Female. Color or Race: White Birthplace: Md.

Occupation: None. Where Residing if not at place of death: —

Married, Single or Widowed: Single. Name of Wife or Husband: —

Father's Name: Bernard W. Wesley. Father's Birthplace: D. C.

Mother's Maiden Name: Mary H. Mudd. Mother's Birthplace: D. C.

Name of person giving Information: Bernard W. Wesley. How related to deceased: Father.

CAUSES OF DEATH

71 L

PHYSICIAN OR CORONER

Primary: Unknown How long: —

Immediate: Convulsions How long: About 4 hours.

Are the name, age, sex, color, date and place correctly given above? Yes.

Signature of Physician: R. A. Schomover.

Address: Benning, D. C.

Accident or Suicide? No.

Name in Full: Emma M. Whitehead

CERTIFICATE OF DEATH

MARYLAND

Died at: Laurel (Town) P. Geo (County)

Date of death 190 Month: Mch Day: 31st

Age: Years — Months — Days: 4

TO BE ANSWERED BY NEAREST FRIEND

Sex: Female

Color or Race: White

Birth-place: Md

Occupation: Infant

Where Residing if not at place of death: Same

Married, Single or Widowed: Int

Name of Wife or Husband: Int

Father's Name: George T. Whitehead

Father's Birthplace: Md

Mother's Maiden Name: Lilly Bowvin

Mother's Birthplace: Md

Name of person giving Information: Geo T. Whitehead

How related to deceased: Father

CAUSES OF DEATH

151 ✓

PHYSICIAN OR CORONER

Primary: Inanition

How long: 4 days

Immediate:

How long:

Are the name, age, sex, color, date and place correctly given above? Yes

Signature of Physician: Dr R C Worley

Address: Laurel Md

Accident or Suicide:

OFFICE SUPPLY CO., 2284